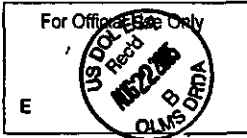


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30 2006

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

| | |
|--|---|
| 1 File Number U <u>12425</u> | 2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u> |
| 3 Name and address of person filing Name <u>James</u> <u>Anderson</u> P O Box Bldg Room No if any Street <u>1900 Pleasant Avenue</u> City <u>Jackson</u> State <u>Mississippi</u> ZIP Code + 4 <u>39203</u> | 4 Name file number and address of labor organization Name <u>Laborers Union Local 145</u> Labor Organization File Number <u>003 113</u> P O Box Building and Room Number if any Street <u>1900 Pleasant Avenue</u> City <u>Jackson</u> State <u>Mississippi</u> ZIP Code + 4 <u>39203</u> |
| 5 Position in labor organization <u>Business Manager</u> | |

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions)

| | |
|--|---|
| A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent | |
| 6 Name and address of Employer (including trade name if any) Name <u>South Central Laborers Training & Apprent</u> Trade Name if any <u>South Central Laborers Training</u> P O Box Bldg Room No if any <u>P O Box 376</u> Street City <u>Livonia</u> State <u>Louisiana</u> ZIP Code + 4 <u>70755</u> | 7 a Nature of Interest Transaction or Income <u>Payment represents reimbursed travel expenses for Trustee of ERISA Trust Fund Board Meetings All payments are based upon documentation and substantiation of expenditures incurred (Meals and travel expenses \$82 Swiss colony gift basket for \$42)</u> 7 b Amount <u>\$124</u> |

Signature

| | | |
|---|---------------------------|---|
| 15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions) | | |
| Signed <u>James M Anderson</u> | On <u>8-15-05</u> Date | <u>601-948-2505</u> Telephone Number |

Name of Person Filing James Anderson

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

9 Business deals with☐

a Labor Organization

☐

b Trust

☐

c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing**11 b Approximate dollar value of such dealing****12 a Nature of interest held or income received****12 b Amount**

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

14 a Nature of payment13 b Is the Business an Employer ☐or Consultant ☐

?

14 b Amount of payment

Name of Person Filing James Anderson

File Number U

Part A Continuation Page

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name if any)

Name South Central Laborers Training & Apprent

Trade Name if any South Central Laborers Training

P O Box Bldg Room No if any P O Box 376

Street

City Livonia

State Louisiana ZIP Code + 4 70755

7 a Nature of Interest Transaction or Income

Payment represents reimbursed travel expenses for Trustee of ERISA Trust Fund Board Meetings All payments are based upon documentation and substantiation of expenditures incurred Meeting dates October 20 thru 21 2004

7 b Amount

\$233

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name if any)

Name South Central Laborers Training & Apprent

Trade Name if any South Central Laborers Training

P O Box Bldg Room No if any P O Box 376

Street

City Livonia

State Louisiana ZIP Code + 4 70755

7 a Nature of Interest Transaction or Income

Payment represents reimbursed travel expenses for Trustee of ERISA Trust Fund Board Meetings All payments are based upon documentation and substantiation of expenditures incurred Meeting dates May 31 2004 thru June 2 2004

7 b Amount

\$661

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name if any)

Name South Central Laborers Training & Apprent

Trade Name if any South Central Laborers Training

P O Box Bldg Room No if any P O Box 376

Street

City Livonia

State Louisiana ZIP Code + 4 70755

7 a Nature of Interest Transaction or Income

Payment represents reimbursed travel expenses for Trustee of ERISA Trust Fund Board Meetings All payments are based upon documentation and substantiation of expenditures incurred Meeting dates January 18 thru January 23 2004

7 b Amount

\$2 122

Name of Person Filing James Anderson

File Number U

Part A Continuation Page

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name if any)

Name South Central Laborers Training & Appren

Trade Name if any South Central Laborers Training

P O Box Bldg Room No if any P O Box 376

Street

City Livonia

State Louisiana ZIP Code + 4 70755

7 a Nature of Interest Transaction or Income

Payments represents reimbursed travel expenses for Trustee of ERISA Trust Fund Board Meetings All payments are based upon documentation and substantiation of expenditures incurred Meeting date April 22 thru 23 2004

7 b Amount

\$282

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name if any)

Name South Central Laborers Training & Apprent

Trade Name if any South Central Laborers Training

P O Box Bldg Room No if any P O Box 376

Street

City Livonia

State Louisiana ZIP Code + 4 70755

7 a Nature of Interest Transaction or Income

Payment represents reimbursed travel expenses for Trustee of ERISA Trust Fund Board Meetings All payments are based upon documentation and substantiation of expenditures incurred Meeting dates July 14 thru 16 2004

7 b Amount

\$647

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name if any)

Name South Central Laborers Training & Apprent

Trade Name if any South Central Laborers Training

P O Box Bldg Room No if any P O Box 376

Street

City Livonia

State Louisiana ZIP Code + 4 70755

7 a Nature of Interest Transaction or Income

Payment represents reimbursed travel expenses for Trustee of ERISA Trust Fund Board Meetings All payments are based upon documentation and substantiation of expenditures incurred Meeting dates June 16 2004 Sept 21 2004 and December 15 2004

7 b Amount

\$132

Name of Person Filing James Anderson

File Number U

Part A Continuation Page

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name if any)

Name South Central Laborers Training & Appren

Trade Name if any South Central Laborers Training

P O Box Bldg Room No if any P O Box 376

Street

City Livonia

State Louisiana ZIP Code + 4 70755

7 a Nature of Interest Transaction or Income

Payment represents reimbursed travel expenses for Trustee of ERISA Trust Fund Board Meetings All payments are based upon documentation and substantiation of expenditures incurred Meeting date January 18 2004

7 b Amount

\$104

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name if any)

Name South Central Laborers Training

Trade Name if any South Central Laborers Training

P O Box Bldg Room No if any

Street P O Box 376

City Livonia

State Louisiana ZIP Code + 4 70755

7 a Nature of Interest Transaction or Income

Payment represents reimbursed travel expenses for Trustee of ERISA Trust Fund Board Meetings All payments are based upon documentation and substantiation of expenditures incurred Board Meetings for January April August September and December 2004

7 b Amount

\$643

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

7 a Nature of Interest Transaction or Income

7 b Amount

August 15 2005

James Anderson
Laborers Union Local #145
1900 Pleasant Avenue
Jackson MS 39203

U S Department of Labor
Employees Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue N W Room N-516
Washington D C 20210

Re Form LM-30

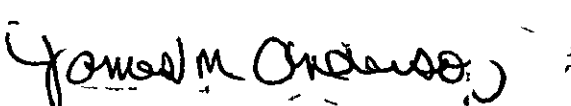
Ladies/Gentlemen

Enclosed is my Labor Organization Office and Employee Report LM-30 for the 2004 reporting period In filing the report I have reviewed all of my available 2004 records as well as my recollection

As you know it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report to seek systemic compliance with these requirements and to apply standards adopted in 2005 retroactive to 2004 as a base year in that effort Further the Department since that time has continued to issue and revise its compliance advise including guidance regarding related benefit funds My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection In accordance with your guidance it is my understanding that in that circumstance I am not required to take any further action

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so I have relied upon the evolving guidance from the Department The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004


James Anderson
Business Manager